

Department of Nutrition and Dietetics , University of North Florida

Nutri*News*

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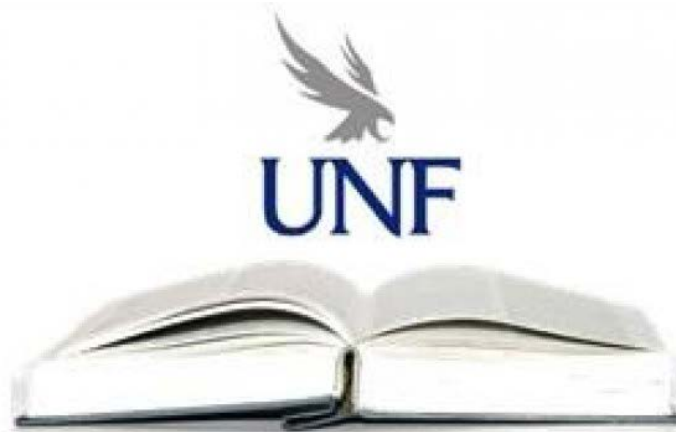
In This *Issue*

- NJC *Updates*
- SNDA *Updates*
- The Truth About *Anorexia Athletica*
- What's the Buzz on *Caffeine*?
- Comparison of *Japanese Food labels*
- Faculty Spotlight - *Yemila Lowry*
- From Jessica's Table: *How to Add Vegan Variety to Your Life*
- References
- Contact *Us*

Nutrition Journal Club *Update*

As the fall semester of 2016 approaches you might be looking at your resume for internships, or wrapping up some summer volunteering, or perhaps you are getting totally focused on acing these classes this semester. Whatever the case may be, Nutrition majors are usually automatically added to the UNF Student Nutrition & Dietetic Association Club, but did you know there is another? One that may be, yet another, resume booster?

The Nutrition Journal Club, or NJC, for short, can do just that. You may be asking yourself, well what is the NJC, exactly? This club was founded in April 2014 and offers supplemental research based learning to our Medical Nutrition Therapy (MNT) class, taught by Alireza Jahan-mihan, Ph.D., also known as Dr. Ali. He is also the advisor for this club.



Nutrition Journal Club

But what exactly do you do? Each month, a topic that corresponds with MNT is chosen. Once the topic is chosen, a research analysis that was conducted in relation to the topic is picked apart and broken down, so to speak. Each officer in the club is assigned a segment of the scientific method, in which they dive deeper into the study. Questions are presented to students who attend the meetings in order to initiate critical thinking when reviewing the studies. Participation is optional, but encouraged! Guest speakers are also brought in, when available, to speak on subjects of their expertise.

If you have attended in the past, you know that we do exactly as described above, however, we are incorporating a couple of new things to the club this semester. First, we are introducing a volunteer coordinator. This officer will be on the lookout for volunteer opportunities and relay this information to students. Depending on UNF staff approval, UNF staff supervision, available time and materials, research may be conducted, either from within the club or in conjunction to other clubs/projects.

Another new aspect to the club will be incorporating students with club officers, or on their own, to help present information and questions to the audience. This is a great way to get involved! Again, this is another resume booster for everyone, but especially those interested in the field of clinical and research-based nutrition. Be sure to check us out on **Instagram** ([Instagram.com/unf_njc](https://www.instagram.com/unf_njc)) and **Facebook** ([facebook.com/unfjournalclub](https://www.facebook.com/unfjournalclub)). We are all excited for what this semester has in store! Good luck, everyone!

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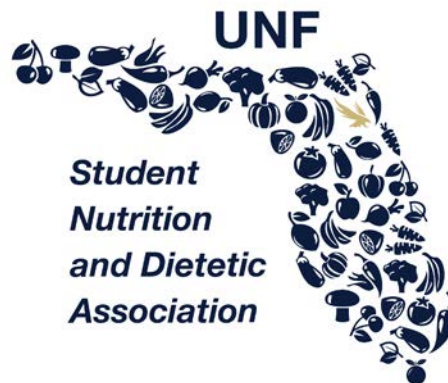
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Student Nutrition and Dietetics Association *Updates*

What to Expect

As fall semester approaches, the officers of SNDA are working harder than ever to make this next year the best it can be! We are recreating the structure of how information is being delivered to make it easier and more convenient for the students of UNF to benefit from the resources that are offered. Make sure to constantly check your blackboard for updates as we will always be posting new and upcoming information!



Upcoming Meetings

- **September 8th**: Meet n' Greet! Come out and meet your new SNDA officers and fellow nutrition students! This is a good time to meet new people with similar interests and learn what SNDA is all about!
- **September 22nd**: Nutrition Social - This is the event of the semester! Juniors will get to ask the seniors questions on how to survive the hard classes and advice on how to be successful throughout their school career! Food and refreshments will be provided!

**All rooms and times are TBD*



<https://www.facebook.com/UNFSNDA>

The Truth About

Tara Kessinger

Anorexia Athletica

We all know that exercise is a healthy habit to get into and that we all should do our best to do some sort of exercise on a daily basis; but, what happens when exercising for health and wellness becomes an unhealthy obsession that over takes your thoughts and actions?

Anorexia Athletica is a constellation of disordered behaviors on the eating disorder spectrum that is distinct from Anorexia Nervosa or Bulimia Nervosa.¹ Although not recognized formally by the standard mental health diagnostic manuals, the term Anorexia Athletica is commonly used in mental health literature to denote a disorder characterized by excessive, obsessive exercise. Also known as Compulsive Exercising, Sports Anorexia, and Hypergymnasia, Anorexia Athletica is most commonly found in pre-professional and elite athletes, though it can exist in the general population as well.¹

First labeled in 1976 by Dr. William Glasser, who was then working with runner, the exact prevalence of exercise addicts, those who no longer enjoy exercise but feel obligated to do so, has been estimated as ranging from 1%-7% on committed exercisers. Some believe that 50% of those with clinical eating disorders are also dependent on exercise.²

In Anorexia Athletica, self-worth is tied to physical performance and although some concern may be present about the size and shape of the body, more emphasis is

placed on how lean a person is as compared to his or her successful or professional counterparts. Anorexia Athletica may occur when coaches or parents pressure athletes to improve performance and encourage an increase exercise or training or dieting. Such behaviors may begin as voluntary but then progress to obsessive.¹

Although common in pre-professional young athletes, Anorexia Athletica is becoming more common in young and middle aged adults who are striving to recapture their youthful athletic performance or their youthful figure. Often these over-exercisers are admired by others for their enviable, deep commitment to exercise; however, they are far from that, pushing the threshold of distance, intensity or duration beyond which exercise will have health and social consequences.²

Similar to eating disorder, Anorexia Athletica has been linked to poor self-image, low self-esteem and body dysmorphia. Stress, anxiety, depression



and/or anger are also underlying issues. Anorexia athletic and anorexia nervosa (or bulimia) co-exist frequently, thus it is all too common that those who are unhealthily addicted to exercise are also preoccupied with food, caloric intake and body image.²

So as a health practitioner how does one separate an athlete who is in training for a competition versus an individual who may have Anorexia Athletica? First, obligatory exercise addicts and athletes may work out for similar numbers of hours per day, but that's where the similarities end. Athletes who are training for an upcoming competition and become injured will back off on the amount of time and frequency of exercise to allow the injury to heal²; this is not so with the exercise addict. The exercise addict will continue to exercise as furiously if not more due to the injury sitting common phrases as "no pain, no gain" or "pain is just weakness leaving the body." Secondly, the athlete typically takes a break when their goals are accomplished. Not so for the exercise addict. For them, every day is a new goal with the finish line always being moved further down the road²; nothing seems to be good enough for the addict who is always pushing to do more. Lastly, the psychology of the athlete is very different than the psychology of an individual with an addictive behavior. The psychology of an athlete is to take care of the body and train safely and effectively and to give the body the rest that it needs to recover. The psychology of the participant with Anorexia Athletica is one of general addictive behavior. The components included preoccupation, using the behavior as coping skill for mood swings, requiring increasing amounts of exercise to satisfy deeper psychological needs, unpleasant feelings when unable to exercise (withdrawal), conflict with others around

the intrusiveness of exercise in the addict's life, and even relapse when the exercise addiction comes under control.²

The next logical question becomes, so how do we as health professionals not only recognize this disorder, but assist those who many have Anorexia Athletica. Here's where motivational interviewing will be helpful for you in assisting your client. Non-confrontational, non-pathology oriented and more person-centered, this approach involves the following²:

1. Collaborate, don't confront. Think of yourself as in a partnership with your client working through the lens of your client. This will build rapport and trust, necessary to begin talking about the addictive exercise you see. It's not about you trying to convince your client—that won't work. It is about creating a mutual understanding.
2. Draw out, don't impose. That is, draw out your client's thinking about the unhealthy body image and exercise behaviors you notice. Unless your client agrees to the need for change, you will not be able to impose it.
3. Emphasize autonomy, not your authority. Since your client is the only one who can make necessary change, underscoring their autonomy, responsibility and self-direction is not only smart, it's effective.
4. Patience! The addictive behavior took time to manifest itself and it will take time to dismantle some of the unhealthy thoughts and behaviors associated with the addiction.

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What's The Buzz On Caffeine?

By: Marla Morgan

Alright folks, it is morning, and the first thing that was on my agenda today (and every day) was to walk to my Keurig coffee maker and make a nice cup of strong Café Bustelo. Why? Because it makes me feel energized and it tastes good. About 90% of the American population enjoys this “safe” drug, maybe some more than others. So what’s the buzz about it? Caffeine is a psychoactive drug that is found in a variety of products of which contain differing amounts. It is naturally present in coffee beans, tea leaves, and cocoa beans and is added to a variety of food products such as sodas, energy drinks, and weight loss pills.¹ It is the most popular drug in America as 90% of the population consume it. Caffeine is consumed the most in Scandinavia, mainly in Finland, where consumption is the highest in the world per capita.¹ In addition to increasing energy levels, it has the ability to positively impact mood. It has received a lot of buzz in the news over the past several years. New information keeps popping up and stirring up confusion, since a lot of contradictory statements regarding whether or not caffeine is beneficial or poisonous have been made.² Most of us have experienced its effects, but do we really know what happens in our body once it is consumed?

When caffeine is ingested, it is absorbed in the small intestine, metabolized in the liver, and distributed to body tissues. It is broken down into paraxanthine (84%), theobromine (12%), and theophylline (4%). Paraxanthine increases

energy levels and athletic performance by increasing the rate of fat breakdown to fuel muscle activity, theobromine increases the flow of oxygen and nutrients to the brain, and theophylline increases heart rate and the ability to concentrate. It reaches the blood in about 30 minutes and it has a half life of 4-5 hours.³ The brain naturally produces a chemical called adenosine which binds to receptors causing drowsiness and sleepiness as well as slowing down nerve cell activity. Adenosine is similar in structure to caffeine. When caffeine is ingested it binds to the adenosine receptors and ties them up. This causes adenosine to no longer be recognizable and increases energy levels.¹ It also causes nerve cells to speed up and the brain’s blood vessels to constrict. Additionally, caffeine causes “neuron firing” which is when the pituitary gland senses an emergency-like activity, signaling to the adrenal glands to produce adrenaline (epinephrine). Adrenaline is the hormone associated with the “fight or flight” response. Because of adrenaline, pupils dilate, airways open up, blood pressure rises, blood flow to the stomach slows, the liver releases sugar into the blood for extra energy, and muscles tighten up. Blood vessels on the surface constrict to slow blood flow from cuts and increase blood flow to muscles.¹ Finally, caffeine is so addictive because it increases dopamine levels in the brain, creating a sense of happiness.^{1,4,5,6} Quitting caffeine takes a lot of willpower, time, and unfortunately fighting through terrible headaches.

Looking more closely at the pathway that causes an increase in energy, the first step begins when caffeine blocks phosphodiesterase. Phosphodiesterase degrades cyclic AMP. Since there is no phosphodiesterase to degrade cyclic AMP, there is an increase in cyclic AMP. Cyclic AMP activates protein kinases. Protein kinases are responsible for glycogen regulation and for the metabolism of sugars and lipids. Protein kinases block fatty acid biosynthesis which causes free fatty acids to be released into the blood. Protein kinases also activate glycogen breakdown and inhibit glycogen synthesis, causing increased blood glucose levels which allow muscle cells to have access to more glucose. Through these mechanisms, there is an increase in energy supply that the muscle can use. These factors lead to increased energy and better performance in activities such as exercise.^{4,5,7}



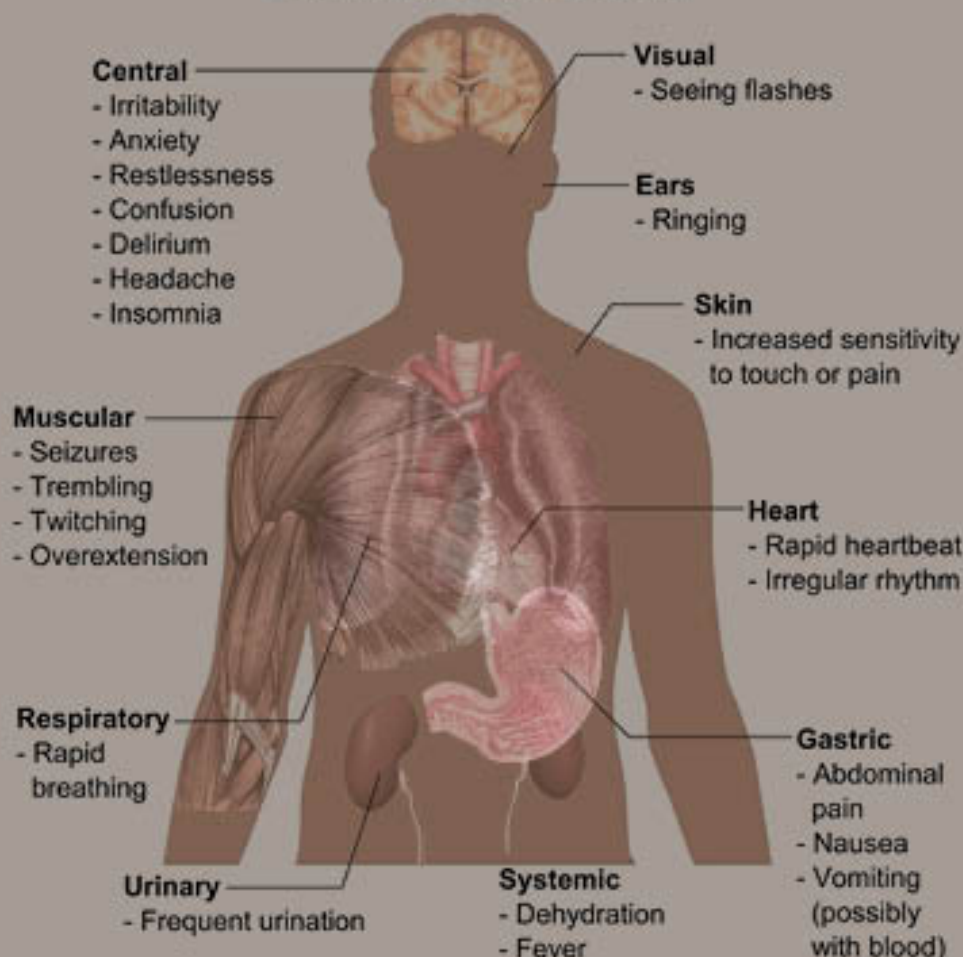
Unfortunately, health and science professionals can't quite agree whether or not caffeine is beneficial or poisonous. Over the past several years, researchers have studied how caffeine affects all aspects of health- from its negative effects on the nervous system to damaging quality of sleep to increasing cancer risk.¹ Have you ever wondered why some people are more sensitive to caffeine's effects than others? Some people will get all the effects of caffeine: alertness, wakefulness, energy, jittery, anxious. Some people may experience a milder version of this. And some people will fall asleep after consuming caffeine. Caffeine has been linked to the development of heart diseases, increased cancer risk, hypertension, insomnia, miscarriage. It has also shown to decrease risk of developing Parkinson's diseases, Alzheimer's, and cancer. Why is that and why is it that some people are more prone to its effects than others? Well fellow readers, the answer may lie in your genes.^{2,8}

Additional research has looked at how caffeine may be beneficial to neurodegenerative diseases such as Parkinson's or Alzheimer's. In fact, there is evidence to show that consumption of about 3-5 cups of coffee per day may reduce the development of dementia.¹¹ Concerning cancer development, research shows that caffeine seems to either decrease risk or to not affect it. Studies seem to be conflicting concerning lung cancer, however, it is more likely that the development of lung cancer is due to other lifestyle factors such as smoking.¹² If someone suffers from heart conditions, caffeine consumption should be watched very closely.

You may be able to undergo genetic testing in order to figure out whether or not you are a fast metabolizer or slow metabolizer, but be mindful that there are many factors that contribute to development of diseases. Your genetic makeup, diet, environment, and lifestyle habits are equal-

ly important and will determine your health outcomes. The key with caffeine consumption is moderation. The RDI for caffeine is up to 400 mg per day. Drinking above this amount will cause unwanted effects such as insomnia, anxiety, irritability, inability to sleep, upset stomach, and muscle tremors. Consuming 10 grams of caffeine will lead to cardiac arrest, therefore it is important to regulate the amount of caffeine consumed.¹³ Additionally, it is important to understand that caffeine contains a half-life of about 4-5 hours.³ This means 4-5 hours after consuming it, half of it is still circulating the body. Because your genes determine how you react to caffeine, some people will be unaffected by its effects on sleep, while others will be. You don't have to kick your caffeine habit in order to achieve optimal health. Since there is so much developing research in this field, the key to enjoying caffeinated beverages is moderation, ideally never exceeding the 400 mg RDI.

Main symptoms of Caffeine overdose



Comparison of Japanese *Food Labels*

Arlo James

Ever wonder how companies get consumers to buy their products? The best way for them to get as many sales as possible is to cleverly advertise the item to appear more appealing to the buyers. Some examples of advertising can include, video games, toys, box tops, and even food.¹ In the United States, billions of dollars are spent on advertisements marketing to just children alone. At a local supermarket, such as Publix, the average shopper probably has seen quite a few food labels on products that are very commonly used. The labels are used so that the product the company is selling is more appealing to the average eye but can contain much more. Much like the United States, Japanese supermarkets commonly use food advertisement to make their product seem more appealing. Comparing the two countries, the motives were the same but the types of labels were slightly different.

In the United States, common labels include, “heart healthy”, “0 grams trans-fat”, “lowers risk of heart disease”, “low fat”, and “organic”. These claims are all very nice to hear and give the products a healthy, more natural vibe; whether this is true or not is a different story. In Japan, very common labels include, “high in polyphenols”, “high in iron”, “lots of omega 3s”, and “amazing taste”. The Japanese food labels focus on taste (quality) and nutrients, while American labels focus on health (organic, locally grown, etc.) and disease prevention. It is interesting to look at different food labels because it shows what kind of food culture each country

has. Having knowledge on food labels can also change the way companies sell their products. For example, if American customers started focusing on different nutrients (micronutrients such as polyphenols and B12, etc.) in order to eat healthier, then food companies may change the way they sell food as well as change the quality of the food.

An article by the Harvard School of Public Health explains how a study showed that a low fat diet did not necessarily correlate with lowering risks of certain cancers and other diseases.<![if !supportFootnotes]>[2]<![endif]> Registered Dietitian Jay Kenney also says that observing the data of certain low salt research, there is no real correlation between high sodium diets and death. Low sodium diets ended up having the same percentage results as the high sodium diets (in certain studies).<![if !supportFootnotes]>[3]<![endif]> The reason these studies are mentioned is to make readers not focus on salt, sugar, saturated fats, etc. but instead, to make them focus on micronutrients



and phytonutrients. There are plenty of studies and articles that explain how good these nutrients are for the body. WebMD explains that, “Phytonutrients aren't essential for keeping you alive, unlike the vitamins and minerals that plant foods contain. But when you eat or drink phytonutrients, they may help prevent disease and keep your body working properly”.

The Japanese food companies do this and many healthy drinks are sold. Examples of popular drinks are, Aojiru (kale and barley grass powder), chia seed/acai drinks, and Yakult (a fermented dairy drink).

Another great thing about Japanese food products is the size. In America, bigger sizes are almost glorified, which depending on the food, can be unhealthy. Many Japanese products are smaller and lower in calories. They have packages that contain claims similar to, “fun size”, “gentlemen size”, and “perfect for snacks”. Now this is not true for every product but there are plenty of products that promote a smaller meal size. Promoting smaller meal sizes make the customers go for the medium sized product rather than the “monster” or “XXL” sized product.

On the other hand, in Japan, the word “organic” is very scarce. There are plenty of local vegetable farms that provide food for the city/town but the vegetables are not necessarily grown organically. According to Chris Betros, organic food in Japan reached less than 1% of the per capita consumption. In Europe, about 45% of the food market is organic. The Japanese tend to focus more on “quality” or the food or the taste. Health is also a huge factor but not many Japanese people are aware of the chemicals put on Japanese vegetables. Sometimes, vegetables bought by large-scale

companies are not able to be sold unless the farmers follow the pesticide rules given by the government/company. This is not well known by the Japanese. Putting labels like, “Tasty” and “High in Polyphenols” is pleasing, but also adding more organic foods into the market would be a great idea for Japan.

Japanese people are naturally good at following trends so creating labels that focus on organic food would benefit the customers. For example, the chocolate polyphenol craze in Japan (which is still going on; it's just now in drinks) resulted in 15% of confectionery sales in 2013 to be made by chocolate alone. Many people believe that high quality chocolate is not only tasty, but healthy because of the micronutrient polyphenol.

Polyphenol is a micronutrient that has anti-oxidative properties. It greatly reduces the risk of many diseases. This article is not to focus on nutrients like polyphenols, but to understand how food labels affect the customer's eating habits. Looking at American labels, one can see that low fat foods, low salt foods and heart healthy food options are available, but perhaps focusing on other nutrients like micronutrients and phytonutrients may help sway customers into having healthier eating practices. As for Japan, focusing on organic food may help the Japanese become even healthier than they stereotypically are.

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Faculty Spotlight

By: Jessica Glosson

Yemila Lowry, RDN, LDN serves as the campus dietitian for the students, staff and faculty of The University of North Florida as well as a clinical dietitian at St. Vincent's Medical Center in Clay County. She and her husband take pride in being amateur gardeners and look forward to growing almost 30 different varieties of produce throughout the year.

JG: How did your passion for nutrition, dietetics, and food in general come about?

YL: My passion for nutrition and dietetics stemmed from my extensive experience as a ballet dancer. Over the years I was involved with dance, I saw fellow peers fall victim to eating disorders and even fell into one myself. It was during this time that I discovered how powerful the influence of food can be when used within the mentality of healing.



JG: Where did you complete your dietetic internship? Tell us about this experience.

YL: I finished my undergraduate nutrition program through UNF. I then applied and was accepted to a distance internship through the University of Northern Colorado. Doing a distance internship meant I had to find and organize absolutely everything by myself; managing my time effectively was key. I think the hardest part of this experience was the beginning process of finding all of my preceptors; I must have emailed about 30 people just to get nearly a handful of responses!

JG: What is your particular area of interest within the field of nutrition and dietetics?

YL: I truly love the work I do here on campus at UNF; this position allows for the perfect blend of community and clinical nutrition concepts and I enjoy the degree of freedom I'm given to implement ideas and programs throughout the clinic and campus.

JG: Tell us about your jobs and responsibilities as an RDN with UNF and St. Vincent's.

YL: I work twice a week at UNF as the on-campus dietitian through the Department of Health Promotion on campus (located on the first floor of the gym). I counsel students seeking dietary advice on a whole host of topics. The number of clients I see each week during my time on campus depends; I have dietetic interns who counsel clients on Fridays and I have to ensure that incoming clients understand that when they sign up for a Friday session. In addition to providing nutrition counseling services, I also conduct wellness outreach efforts. For example, I'm currently collaborating with the Osprey Café to implement a recurring segment called "Dining with the Dietitian" to help guide students towards making healthier changes. Additionally, with the assistance of a nutrition undergraduate student, I'm teaming up with the Child Development Research Center (CDRC) in efforts to creating a fun and attractive cookbook for the parents of toddlers on campus. I'm also PRN with St. Vincent's as a clinical dietitian and I often fluctuate between the Southside and Clay County locations. I generally see about 8-12 patients a day when I'm working this position.

JG: What sort of projects are you currently working on?

YL: I'm currently working to plan and develop several on-campus workshops for students and staff members for the fall semester. So far, we have scheduled six workshops for students and three for the university faculty. Each workshop will focus on a different topic related to nutrition that is relevant to each specific audience. During the Week of Welcome in the fall, for example, I have two workshops geared towards freshman that will involve topics such as "How to Avoid Gaining the Freshman 15" and "How to Manage Weight in College". I'm also working with some undergraduate nutrition students to plan a workshop on caffeine and sugar; we are strategically scheduling this session around the time that Starbucks reintroduces the pumpkin spiced latte back into their menu for the fall!



JG: What challenges have you faced while working with a college student population?

YL: A major issue I face is the fact that most students don't even know I'm available for them as a resource on campus. I'm working to advertise myself as the "Campus Dietitian" in order to combat this challenge. With the students I do see and counsel, I find that many fall victim to the vast amount of misinformation that exists online and through the media in terms of fad diets, muscle gains, the overconsumption of protein, nutrition trends, etc. It can be a challenge to talk them out of these nutrition trends and I strive to do so with the evidence-based resources and information I have on hand.

JG: What advice do you have for the incoming and soon-to-be graduating members of the dietetic internship classes here at UNF?

YL: For the incoming interns, I recommend working to manage your time well and starting early to plan everything. If you plan on doing a distance program, start as early as possible to plan your rotations and track down preceptors. Have multiple back-up preceptors ready in case those you do secure end up backing out on their involvement with your internship. While interning, make sure to ask plenty of questions; preceptors love this and it will help you learn as much as possible. Also, don't be discouraged when you encounter a problem or feel overwhelmed; remember that you're learning! To the interns nearing graduation and entering the work field, don't worry if you don't get your ideal job right away. Take the necessary time to study for your RDN exam, however much time that may be. Work to revise your resume as needed and network as much as possible. Volunteer experience can serve as a beneficial use of your time while you study for your exam; use these experiences to enhance your resume and work to plan towards your ultimate goal.



From Jessica's Table

How to: Add Vegan *Variety to Your Life*

Jessica Glosson

While an exclusively vegan diet may not be feasible for everyone's lifestyle, the flavors and nutritional benefits of vegan dishes can be appreciated by all. Vegan diets tend to be lower in saturated fat and cholesterol and contain higher amounts of phytochemicals and dietary fiber. Research shows that eating a plant-based diet can help lower blood pressure and cholesterol levels and even reduce the risk of certain chronic diseases.¹ Here are some easy and delicious vegan recipes that anyone can enjoy!

Warm and Nutty Cinnamon Quinoa



Recipe and Image reproduced from:
<http://www.101cookbooks.com/archives/warm-and-nutty-cinnamon-quinoa-recipe.html>

• **Ingredients:**

- 1 cup milk alternative (almond, cashew, coconut, etc)
- 1 cup water
- 1 cup organic quinoa, rinsed
- 2 cups fresh blackberries, organic preferred
- 1/2 teaspoon ground cinnamon
- 1/3 cup chopped pecans, toasted
- 4 teaspoons organic agave nectar

Directions:

- Combine milk alternative of choice with water and quinoa in a medium saucepan.
- Bring to a boil over high heat. Reduce heat to medium-low; cover and simmer 15 minutes or until most of the liquid is absorbed.
- Turn off the heat and let the quinoa mixture sit covered for 5 minutes. Stir in blackberries and cinnamon.
- Top each serving with pecans and 1 teaspoon agave nectar. (Serves 4)

Chickpea Salad Wrap

Ingredients

- 1 (15-oz) can chickpeas (or 1.5 cups cooked chickpeas)
- 1/2 cup chopped celery
- 2 tbsp chopped red onion
- 3 tbsp chopped dill pickle (~1 pickle)
- 1 tbsp minced fresh dill
- 1 garlic clove, minced
- 1/2 tsp regular mustard
- 2 tbsp fresh lemon juice
- 1/4 cup toasted sunflower seeds (or pecans/walnuts)
- salt/herbamare and pepper, to taste

Directions

- Preheat oven to 325F and toast the sunflower seeds for about 11 minutes.
- Mix all ingredients into a large bowl and slightly mash the chickpeas with a fork. Season with salt and pepper to taste.
- Spread mixture into a wrap or pita and enjoy!



Recipe and Image reproduced from:
<http://ohsheglows.com/2012/01/16/unch-this-week-chickpea-salad-wraps/>

Roasted Butternut Squash with Kale and Almond Pecan Parmesan



Ingredients

- 2-2.5 pound butternut squash, cubed
- 2 lg. cloves garlic, minced
- 2-3 tbsp finely chopped fresh parsley
- 1/2 tbsp extra virgin olive oil
- 1/2 tsp fine grain sea salt
- 1 cup de-stemmed and roughly chopped kale

For the Almond Pecan Parmesan "cheese":

- 1/4 cup almonds
- 1/4 cup pecans
- 1 tbsp nutritional yeast 1/8th tsp fine grain sea salt
- 1 tsp extra virgin olive oil

Recipe and Image reproduced from:
<http://ohsheglows.com/2012/09/24/roasted-butternutsquash-with-kale-and-almond-pecanparmesan/>

Directions

- Preheat oven to 400F and lightly grease a casserole dish with oil; place the 2-2.5 lbs of cubed butternut squash into the dish.
- Add minced garlic, parsley, oil, and salt into the casserole dish and stir until well combined.
- Cover the dish and bake at 400°F for about 45 minutes.
- Meanwhile, use a food processor to combine the parmesan "cheese" ingredients together until chunky. -Remove the squash from the oven when the squash is just fork tender. Stir in the chopped kale and sprinkle the parmesan over the squash.
- Bake at 350°F for another 5-8 minutes until the nuts are lightly toasted. Remove & serve.

Sugar Snap Peas and Carrot Soba Noodles

Ingredients

For the Soba

- 6 ounces soba noodles
- 2 cups frozen organic edamame
- 10 ounces (about 3 cups) sugar snap peas or snow peas
- 6 medium-sized carrots, peeled
- ½ cup chopped fresh cilantro
- (about 2 handfuls)
- ¼ cup sesame seeds, toasted

For the Ginger-sesame sauce

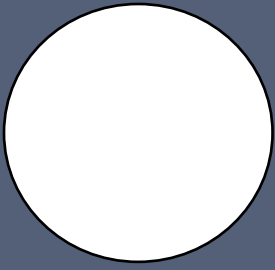
- ¼ cup reduced-sodium tamari or soy sauce
- 2 tablespoons quality peanut oil or extra-virgin olive oil
- 1 small lime, juiced
- 1 tablespoon toasted sesame oil
- 1 tablespoon honey or agave nectar
- 1 tablespoon white miso*
- 2 teaspoons freshly grated ginger
- 1 teaspoon chili garlic sauce or sriracha

Directions

- Slice the peas in half lengthwise and slice the carrots into long, thin strips with a julienne peeler.
- For the sauce: whisk together the ingredients in a small bowl until emulsified. Set aside.
- Bring two big pots of water to a boil. In one pot, cook the soba noodles just until al dente; drain and briefly rinse under cool water.
- Cook the frozen edamame in the other pot until warmed through (about 4 to 6 minutes) but before draining, toss the halved peas into the boiling edamame water and cook for an additional 20 seconds. Drain.
- Combine the soba noodles, edamame, snap peas and carrots in a large serving bowl. Pour in the dressing and toss with salad servers. Toss in the chopped cilantro and toasted sesame seeds. Serve.



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